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USPTO FACSIMILE COVER SHEET

To: Commissioner for Patents
Fax Number: (571) 273-8300
Date: December 21, 2006
Pages: 17 pages (including this cover sheet)

MESSAGE:

METHOD AND APPARATUS FOR INTERNET CUSTOMER RETENTION
Application No. 09/804,728
Examiner Y. Retta
Art Unit 3622

Amendment Transmittal
Petition and Fee for Extension of Time
Amendment

696.005

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Amendment Transmittal

Atty. Docket No. 696.005

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

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In re Application of : Srinivasan et al.
Serial No. : 09/804,728 Examiner : Y. Retta
Filed : March 13, 2001 Group Art Unit : 3622
For : METHOD AND APPARATUS FOR INTERNET CUSTOMER RETENTION

HON. COMMISSIONER FOR PATENTS
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Transmitted herewith is an Amendment in the above-identified application.

1. Applicant requests an extension of time to respond to the outstanding Office Action. A Petition for an extension of time is enclosed.

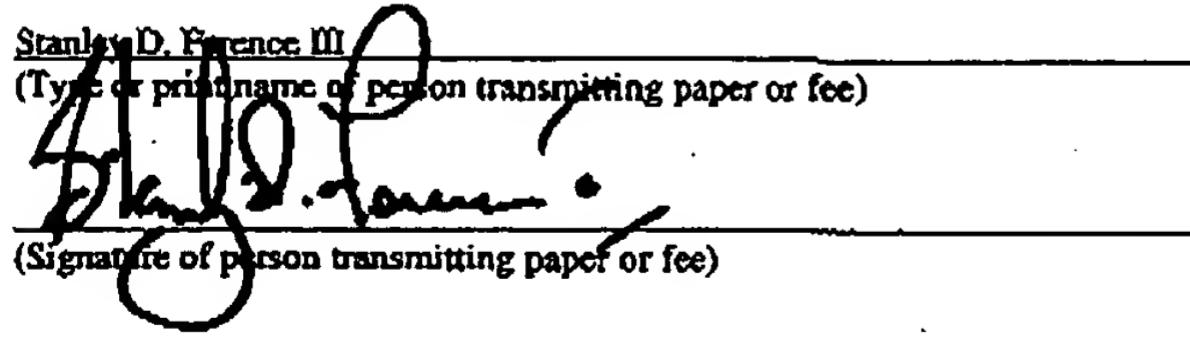
OR

2. In the event that an extension of time is required, this conditional petition is being made to provide for the possibility that applicant has inadvertently overlooked the need for a petition and fee for extension of time.
3. Applicants claim Small Entity status under 37 C.F.R. 1.27.

CERTIFICATE OF FACSIMILE TRANSMITTAL

I hereby certify that this paper (along with any referred to as being attached or enclosed) is being facsimile transmitted on (571) 273-8300 on December 21, 2006 to the Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Stanley D. Ference III
(Type or print name of person transmitting paper or fee)


(Signature of person transmitting paper or fee)

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Amendment Transmittal

Atty. Docket No. 696.005

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5. Also enclosed: _____
6. No additional filing fee is required.
7. The filing fee has been calculated as shown below:

	Claims Remaining After Amendment (Col. 1)	Highest No. Prev. paid for (Col. 2)	Present Extra (Col. 3)	<u>SMALL ENTITY</u>			<u>OTHER THAN A SMALL ENTITY</u>		
				RATE	EE	RATE	EE		
Total Claims	13	** 20	= *	x \$25	=	O	x \$50	=	0
Ind. Claims	2	*** 3	= * 0	x \$100	=	O	x \$200	=	0
<input checked="" type="checkbox"/> Multiple Dependent Claim Presented				+ \$180	=	O	+ \$360	=	
				<u>TOTAL</u>	= \$0	O	<u>TOTAL</u>	= \$	
						R			

* If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.

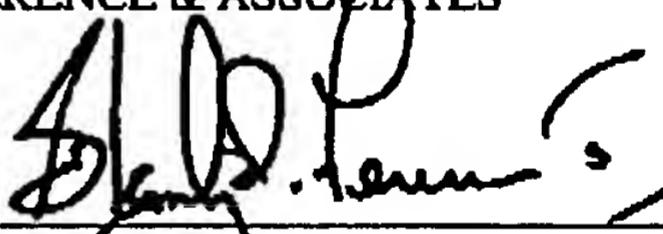
** If the "Highest No. Prev. paid for" in this space is less than 20, write "20" in this space

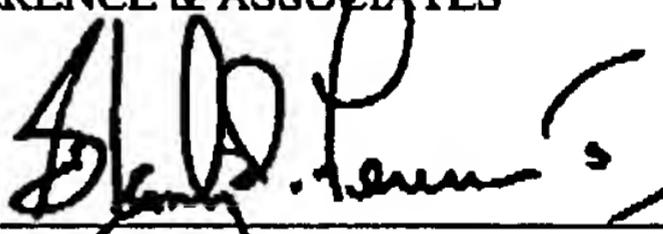
*** If the "Highest No. Prev. paid for" in this space is less than 3, write "3" in this space.

8. Applicant encloses herewith a check for \$_____ to cover the filing fee.

Respectfully submitted,

FERENCE & ASSOCIATES



By 

Stanley D. Ference III
Reg. No. 33,879

Dated: December 21, 2006

Mailing Address:

Customer No. 35195
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